

REMARKS

Please reconsider the application in view of the above amendments and the following remarks. Applicant thanks the Examiner for carefully considering the application and for the courtesy extended to Applicant's representative during the in-person interview on March 30, 2007.

Status of the Claims

Upon entry of this amendment, claims 1, 4-8, 11-15, 19, and 20 are all the claims pending in the application. Of those, claims 1, 8, and 15 are independent. The remaining claims depend, directly or indirectly, from claims 1, 8, and 15.

Rejections Under 35 U.S.C. § 112

Claims 1-20 were rejected under 35 U.S.C. § 112, second paragraph, as being indefinite. Claims 1, 8, and 15 have been amended according to the agreement reached during the interview on March 30, 2007. As amended, claims 1, 8, and 15 comply with the requirements of 35 U.S.C. § 112, second paragraph. Accordingly, withdrawal of this rejection is respectfully requested.

Rejections Under 35 U.S.C. § 102

Claims 1-20 were rejected under 35 U.S.C. § 102 as being anticipated by U.S. Patent No. 5,848,233 ("Radia"). Claims 1, 8, and 15 have been amended according to the agreement reached during the interview on March 30, 2007.

As agreed upon with the Examiner, Radia neither shows nor suggests the present invention as recited in claims 1, 8, and 15. Thus, claims 1, 8, and 15 are patentable over Radia. Dependent claims are allowable for at least the same reasons. Accordingly, removal of this rejection is respectfully requested.

AMENDMENT UNDER 37 CFR 1.111
U.S. Appln. No. 10/088,399

Conclusion

In view of the above, reconsideration and allowance of this application are now believed to be in order, and such actions are hereby solicited. If any points remain in issue which the Examiner feels may be best resolved through a personal or telephone interview, the Examiner is kindly requested to contact the undersigned at the telephone number listed below.

The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.

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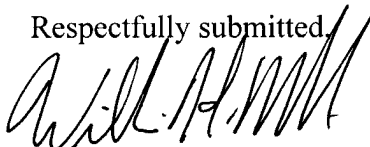
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CUSTOMER NUMBER

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Respectfully submitted,



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